POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*(signature)*	*(illegible)*	*(illegible)*
O.I.P.E. CLASSIFIER		32	6/2
FORMALITY REVIEW	AS	551	8-9-00
RESPONSE FORMALITY REVIEW	SK	809	12-28-00

INDEX OF CLAIMS

✓ .... Rejected	N .... Non-elected
= .... Allowed	I .... Interference
− (Through numeral)... Canceled	A .... Appeal
÷ .... Restricted	O .... Objected

Claim Final	Original	Date 4/7/04	2/11/03	7-28-03	9/6/03	3/18/04				Claim Final	Original	Date							Claim Final	Original	Date						
	1	✓	✓	✓	✓	✓					51										101						
	2	✓	✓	✓	✓	✓					52										102						
	3	✓	✓	✓	✓	✓					53										103						
	4	✓	✓	✓	✓	✓					54										104						
	5	✓	✓	✓	✓	✓					55										105						
	6	✓	✓	✓	✓	✓					56										106						
	7	✓	✓	✓	✓	✓					57										107						
	8	✓	✓	✓	✓	✓					58										108						
	9	✓	✓	✓	✓	✓					59										109						
	10	✓	✓	✓	✓	✓					60										110						
	11	✓	✓	✓	✓	✓					61										111						
	12	✓	✓	✓	✓	✓					62										112						
	13	✓	✓	✓	✓	✓					63										113						
	14	✓	✓	✓	✓	✓					64										114						
	15	✓	✓	✓	✓	✓					65										115						
	16	✓	✓	✓	✓	✓					66										116						
	17	✓	✓	✓	✓	✓					67										117						
	18	✓	✓	✓	✓	✓					68										118						
	19	✓	✓	✓	✓	✓					69										119						
	20	✓	✓	✓	✓	✓					70										120						
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	49										99										149						
	50										100										150						

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)